



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Commissioner for Patents
Washington DC, 20231

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7002 0510 0004 0812 9692

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-Z-0985

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4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7002 2030 0000 4131 5165

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835